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**FACULTY OF HEALTH SCIENCES**
**DEPARTMENT OF NURSING SCIENCE**

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| **PROGRAMME** | : | COMMUNITY NURSING SCIENCE |
| **SUBJECT** | : | **PAPER 3:** COMMUNITY NURSING SCIENCE<br>MODULE 5: MANAGEMENT OF HEALTH SERVICES<br>MODULE 6: HEALTH PROMOTION |
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| **EXAMINERS** | : | DR WO JACOBS |
| **MODERATOR** | : | PROF S HUMAN (UNISA) |
| **NUMBER OF PAGES** | : | THIS PAPER CONSISTS OF FOUR (4) PAGES AND ONE (1) ANNEXURE |

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**INSTRUCTIONS TO CANDIDATES:**

PLEASE ANSWER ALL THE QUESTIONS.
½ MARK PER FACT UNLESS STATED OTHERWISE.

**PLEASE HAND IN EXAMINATION PAPER.**

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**INSTRUCTIONS TO CANDIDATES:** This examination paper remains the property of the University of Johannesburg and may not be removed from the examination room.

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**QUESTION 1**

You as the coordinator manager of the district health services have to educate your staff on the

1.1 Critically discuss the primary health care principles. ***[15]**

**QUESTION 2**

The main focus of the PHC re-engineering is to strengthen the district health system and do the basics better. A model has been designed based on three streams.

2.1 Describe the four streams as set out in the DHS model for the re-engineering of PHC. ***[15]**

**QUESTION 3**

Mrs Cloete is 55 years old and lives in an informal housing area in Danville, Pretoria. She lives with her daughter and three (3) grandchildren. Her only income is R 300 grant from Government. Her husband is in prison. She contributes to this income with money generated from being a car watch at the local shopping centre – R300.

Mrs Cloete can only speak Afrikaans. She attends the clinic where she complains of headache, dizziness and shortness of breath. It is obvious by looking at her that she is overweight, and it seems as though her hands and feet are swollen.

3.1 Debate how the following factors can influence Mrs Cloete's health behaviour:

3.1.1 Income. (2)

3.2 In this model case of Mrs Cloete you are working with the adult learner.
Describe how you will create a climate in which Mrs Cloete can learn. (3)

3.3 Mrs Cloete can only speak Afrikaans and you are only able to speak Zulu and English.

3.3.1 Explain how you will overcome the language barrier. (4)

3.4 Your topic for health education for Mrs Cloete is: a balanced diet.

3.4.1 Name three (3) **teaching strategies** that you will use when presenting this health education to Mrs Cloete and **motivate the reason** for each strategy chosen. (6)

3.5 Describe how you will ensure that Mrs Cloete participates actively in this health education session. (3)

3.6 You need to evaluate whether the health education session given to Mrs Cloete has been successful. Explain the **evaluation** under the following headings:

3.6.1 Assessment of the process of the health education session (1)

3.6.2 Assessment of the outcome of the health education session. (1)

***[20]**

**QUESTION 4**

Poverty is caused, perpetuated or intensified by certain environments that are present in all societies and communities. These types of environments have a profound influence on development. You are the community worker in a rural community in Bergville health district, responsible for community development projects.

4.1 Explain how all the **types of environments** can have an impact on the Bergville community development projects. (12)

4.2 Describe the golden rules to be followed with regard to the **characteristics** of the **health care worker** in community development. (5)

***[17]**

**QUESTION 5**

You as the community worker are seen as a miracle worker and there for the attitude with which you enter the community developmental project is of cardinal importance. Using the case study, (Attachment A) answer the following:

5.1 Justify the identified role/s of the community development worker. (5)

5.2 Motivate the identified outcome principles within the case study. (5)

5.3 Justify the identified ethical principles within this case study. 5)

***[15]**

**QUESTION 6**

Healthcare service delivery has changed over the last few years. Primary healthcare is the vehicle that drives service delivery in South Africa to cover the elements of Primary health care.

6.1 Critically discuss the primary health care elements/concepts. ***[8]**

**QUESTION 7**

List the pre-requisites for health according to the Ottawa Charter. ***[4.5]**

**QUESTION 6**

Explain the practical principles of community development in short . ***[5.5]**

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**ANNEXURE 1**

***NOVEMBER EXAMINATION 2017***
***SUBJECT: COMMUNITY NURSING SCIENCE***
***MODULE 5: MANAGEMENT OF HEALTH SERVICES***
***MODULE 6: HEALTH PROMOTION (GGV0057)***

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**CASE STUDY**

The superintendent of a hospital in a rural area in the foothills of a mountainous area realized that the same women would bring their children with kwashiorkor to the hospital for treatment. The child would be hospitalized for two weeks and the mother would receive information on a balanced and healthy diet for her child. However, within a month or two she would be back with the same child needing treatment again. The superintendent decided to speak to these women about the feeding of their children. He identified the monthly clinic day when these women could collect some powder milk for their children as an opportune time.

In his discussions with these women he soon realized that they knew what constitutes a healthy diet, but that they simply did not have the means to provide the right food to their children. This discovery of the superintendent started a discussion between him and the mothers about a food garden to supplement their children's diet. After a while a group of twenty mothers declared themselves willing to start a garden. They acquired a piece of land in the hospital grounds with ample water. Their garden was an instant success, so much so, that more mothers wanted to join them. When this one project just about reached its capacity, woman started their own gardens on land acquired from the tribal chief. Some women had no feeling for gardening and they decided to start with a small poultry farm where they would raise broilers. Again their endeavour was met with instant success. The result was that a number of women's groups started raising poultry. Within a period of less than a year the market for broilers was totally sated.

In the meantime the original group of women with their garden in the hospital grounds was doing so well with selling the surplus of their produce in the area surrounding the hospital that they could afford to erect a small building in the hospital grounds with a demonstration kitchen and a lecture room. On clinic days they would invite dietitians to come and tell and show them how to prepare food to optimize its nutritional value.

The efforts of the women in food gardening and poultry farming caught the eye of the tribal authority and the service providers in the area. Through the good offices of the authorities and a few NGOs groups were created to develop springs. Because of the mountainous terrain there were many springs in the area. They just had to be developed and the water piped from them to tanks in the various villages. When the first efforts to develop the springs proved to be a fairly easy task, a number of groups sprang up with this in mind and a large number of villages got water in this way.

As water became more readily available, more food appeared.

At this stage the superintendent realized that he could no longer handle the facilitation of all these projects. Through the good office of the NGO a project manager was obtained whose salary was paid by the NGO and who got a small flat inside the hospital where she could reside.

The women not involved in food gardens or poultry farming started to talk about doing something for themselves; getting a project going that would improve their income. With the help of the new project manager they identified a possible project, namely the harvesting and selling of the thatch grass that covered a large portion of the area. They began to look for a buyer of the thatch and found one in Johannesburg. They were fortunate to have a siding of the railway line to the north in their area and they arranged with the transport services to park a railway truck at the siding which the women would then fill with thatch grass. They worked out a system whereby the women would receive a token for every bushel of grass they would bring to the truck. Later they could exchange their token for a fixed amount of money. This project was a great success and really brought prosperity to the area.

The tribal authority, which had representatives on a steering committee overseeing all these projects, decided to start a few rehabilitative projects where it invited people to participate with their labour for which they were paid. These projects included rehabilitation of homesteads where huts were fixed and newly thatched and where dilapidated animal kraals were improved. It also including throwing car wrecks lying in the veld into dongas and covering them with diamond mesh wire so that soil and vegetation could take hold.

One of the serious problems at that stage was that there were too few schools and that further schools were on the waiting list and would be constructed only two or three years hence. Some parents whose children were negatively affected by this came together and decided to build their own school. Through the office of the project manager they acquired a deal with an NGO that would supply and fix the roof of the school if the parents would build the rest. Not one but three schools were built in this way and every one of them was supplied with water from fountains in the mountains. These schools had so much surplus water that they could make a garden in every school yard and supply the homes adjacent to the schools with water for their everyday use.

Another educational problem in the area was that many children could not afford school books. The original project of the kwashiorkor mothers was in such a strong position financially at this stage that these mothers decided to start a fund for poor children who could not afford their own books.

After about two years from the start of the first project of the mothers with the kwashiorkor babies there were about 200 projects in that area, and the local people ran these projects with minimal help from the project manager and a few NGOs.
(Swanepoel & de Beer, 2016).